Treatment Teams & Service Coordination

The Division of Family Services (DCF) has a long tradition of establishing "treatment teams" to support children, youth and families, regardless of custodial status. The treatment team concept has its roots in the national Wraparound movement of the late 1980s and was further encouraged when then SRS was part of a statewide Child & Adolescent Services System (CASSP) grant to design and implement the team concept. The Barre office played a critical role in the statewide development of the treatment team concept.

As the Agency of Human Services continues to work on improving our local system to support children, youth, families and individuals, AHS has advanced the cause of teamwork through the creation of the service coordination model. This model also has its roots (albeit relatively newer roots) in the teamwork approach. several questions have been raised about the difference between <u>treatment teams</u> and <u>service coordination</u>. While both are rooted in the teamwork approach, there are important differences – the following attempts to describe those differences.

I shared this information during my visit with Family Services on August 2, 2006 – if there are questions, let me know.

Treatment Teams	Service Coordination
Impetus for treatment team is based on child abuse/delinquency	Impetus for SC is based on identified need by family/individual
Focus on child safety/community safety	Focus on presenting problem plus "whole person"

Child safety/community safety is paramount	Person's need to address life domains is paramount
WCMH case manager or social worker usually lead the team	Service coordinator facilitates the team
Social worker responsible for parts of service delivery	Service coordinator does not deliver services
Team made up of people close to issue of child/community safety	Team broadly defined – chosen by family
Parent is expected to participate – external consequences exist if participation does not happen	Parent participation is voluntary
Relies on family services involvement and leadership to exist	Relies on agreement by participating members and family to exist
Primarily focus on goals related to child/community safety	Provides vehicle through which conflictual goals, even within same department can be addressed

tx teams vs service coordination
R- 8/2/06